

## Part II - Answers – Reportability, Coding Site and Histology

### Data Collection of Non-malignant Primary CNS Tumors

For these exercises, assume that the patient had no previous non-malignant or malignant tumors of other sites.

*Assign ICD-O-3 codes for site and histology even if the case is not reportable.*

1. The patient was seen in the hospital neurology clinic on March 4, 2004 and was prescribed Tamoxifen for cerebral meningioma. The patient was first diagnosed with cerebral meningioma in December 2001.

Reportable: **No**

Primary site: **C70.0, cerebral meninges**

Histology: **9530/09, meningioma, NOS**

Rationale: **The original diagnosis was before non-malignant tumors were required to be reported nationally. (Local reporting rules should be considered separately.)**

2. The patient was diagnosed on April 15, 2004 with a chondroma originating in the skull.

Reportable: **No**

Primary site: **C41.0, skull**

Histology: **9220/09, chondroma NOS**

Rationale: **In this scenario, the primary is stated to have originated in the skull. Benign tumors of bone are not reportable.**

Chondroma is a rare, benign tumor that tends to arise at the base of the skull, especially in the area near the pituitary gland. The chondroma is composed of cartilage formed by the meninges and is usually attached to the dura mater, the outermost layer of the meninges. It can grow to a large size and can occur as single or multiple tumors. (*from the American Brain Tumor Association website, www.abta.org.*)

3. The patient was diagnosed on December 1, 2004 with a chordoma of the right frontal lobe extending into the skull.

Reportable: **Yes**

Primary site: **C71.1, frontal lobe**

Histology: **9370/39, chordoma, NOS**

Rationale: **Chordoma is a malignant tumor. Reportability requirements for malignant tumors have not changed.**

4. On February 2, 2002, the patient was diagnosed with low-grade astrocytoma of the cerebellum, Kernohan grade 2.

Reportable: **Yes**

Primary site: **C71.6, cerebellum**

Histology: **9400/32, astrocytoma, low grade**

Rationale: **The case is reportable because low-grade astrocytoma is a malignant tumor, and reportability requirements have not changed for malignant tumors. The sixth digit of the histology code is 2 because the histology is low-grade astrocytoma. The reference is ICD-O-3, page 39, second paragraph: "If the ICD-O sixth digit grade or differentiation code is to be used for central nervous system tumors, coders should give preference to terms from the diagnosis, such as low grade or anaplastic, rather than use the reported WHO grade." Low-grade is code 2, and the definition is found in FORDS, page 97. Kernohan grade is not coded as part of the histology.**

5. The patient had an intracranial biopsy on July 1, 2004, and the tumor pathology was WHO grade I schwannoma.

Reportable: **Yes**

Primary site: **C72.5, cranial nerves, NOS**

Histology: **9560/09, schwannoma, NOS**

Rationale: **Non-malignant intracranial tumors are reportable for cases diagnosed on January 1, 2004, or later. Intracranial schwannoma with no specific site identified is coded to cranial nerves NOS. The reference is ICD-O-3, page 24, Rule A : "If the diagnosis does not specify the tissue of origin, code the appropriate tissues suggested in the alphabetic index for each ill-defined site in preference to the 'NOS' category." Schwannoma arises from the nerve sheath and consists of Schwann cells in a collagenous matrix.**

**The grade for all benign and borderline tumors is 9 (unknown, not applicable). The reference is ICD-O-3, page 30, Rule G, paragraph 1: "Only malignant tumors are graded." WHO grade is not coded as part of the histology, but it is coded in a collaborative stage site-specific factor.**

6. The final pathologic diagnosis for a procedure performed on January 2, 2004 was well-differentiated pituitary adenoma.

Reportable: **Yes**

Primary site: **C75.1, pituitary gland**

Histology: **8272/09, pituitary adenoma, NOS**

Rationale: **Well differentiated pituitary adenoma is an intracranial non-malignant tumor diagnosed after January 1, 2004. The sixth digit of the histology code is 9, even though the tumor is described as well differentiated, because the grade code for all non-malignant tumors is 9. The reference is ICD-O-3, page 30, Rule G, paragraph 1: "Only malignant tumors are graded."**

7. The patient had hearing loss on the right side first documented in 2002. In August 2002, a computerized tomography (CT) scan showed acoustic neuroma but no treatment was given. On July 25, 2004, the patient had surgical resection of an intracranial tumor. The final pathologic diagnosis was right acoustic neuroma.

Reportable: **No**

Primary site: **C72.4, acoustic nerve**

Histology: **9560/09, acoustic neuroma**

Rationale: **Acoustic neuroma is a non-malignant tumor and was diagnosed in August 2002, before non-malignant tumors were required to be reported nationally. (Local reporting rules should be considered separately.)**

8. A CT scan in May 2004 identified a lesion in the cerebral meninges. A biopsy of the lesion was used to diagnose cholesteatoma.

Reportable: **No**

Primary site: **C70.0, cerebral meninges**

Histology: **Not applicable**

Rationale: **No histology code exists for cholesteatoma in ICD-O-3. Non-malignant intracranial and CNS reporting requirements include any primary tumor histology with a code defined in ICD-O-3.**

9. Magnetic Resonance Imaging (MRI) was used to identify a pinealoma on February 20, 2004. The patient had gamma knife radiosurgery on March 15, 2004.

Reportable: Yes

Primary site: C75.3, pineal gland

Histology: 9360/19, pinealoma

Rationale: Pinealoma is a non-malignant tumor. The site is coded to the pineal gland. The reference is ICD-O-3, page 32, Rule H: "Use the topography code provided when a topographic site is not stated in the diagnosis. This topography code should be disregarded if the tumor is known to arise at another site."

10. A CT scan identified a non-glial tumor in the temporal lobe on October 1, 2004. The tumor was removed and final pathologic diagnosis was meningioma of the left temporal dura.

Reportable: Yes

Primary site: C70.0, cerebral meninges

Histology: 9530/09, meningioma, NOS

Rationale: Meningioma, unless stated to be malignant, is a non-malignant tumor, and this case is reportable because it was diagnosed after January 1, 2004. The site is assigned to cerebral meninges because meningioma is a tumor of the meninges covering the brain, not of the temporal lobe itself. The reference is ICD-O-3, page 32, Rule H: "Use the topography code provided when a topographic site is not stated in the diagnosis. This topography code should be disregarded if the tumor is known to arise at another site."